

FILED JUN 3 1949

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2271

## 1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
K. C. General Hospital No. 10  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mos. 5 days  
(Specify whether  
In this community 23 years,  
years, months or days)

3. (a) PRINT FULL NAME James W. Nickell3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (e) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Norah B. Nickell 6. (c) Age of husband or wife if alive unknown years  
7. Birth date of deceased May 14 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 0 12 hr. min.

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)10. Usual occupation Interior Decorator11. Industry or business X

12. Name Joseph Nickell  
13. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown,  
15. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Norah B. Nickell  
(b) Address 3264 Gillham Road, K. C., Mo.17. (a) Burial (b) Date thereof 5-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill Cemetery18. (a) Signature of funeral director Stine & McClure,(b) Address 3235 Gillham Plaza, K. C., Mo.19. (a) 5-26-44 (b) M. E. Brown  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3264 Gillham  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1944 hour 1 minute 45 A.M.21. I hereby certify that I attended the deceased from  
March 21, 1944 to May 26, 1944  
that I last saw him alive on May 26, 1944  
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of rectum Duration  
with extensive carcinomatosis  
of peritoneal cavity and invasion  
of bladderDue to 46 d  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations  
Of autopsy See above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur?  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? NE, Harker (Specify type of place) (c) Means of injury MO  
23. Signature Med. Dir. Gen'l Hosp. (M. D. or other)  
Address 5-26-44 Date signed

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1415

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**